PTO/SB/06 (08-03)

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	Substitute for Form PTO-875								Applicati	on or Docket Nu			
			CLAIMS AS FILED - PART I (Column 1) (Column 2)				SMALL E	ENTITY	OR	OTHEF SMALL	R THAN ENTITY		
	FOR	NUMBE	R FILED	NUMBE	R EXTRA	ſ	RATE	FEE		RATE	FEE		
	C FEE CFR 1.16(a))							s	OR		s		:
	AL CLAIMS CFR 1.16(c))		minus 20	=			x s =	-	OR	x s =		¥.	
	PENDENT CLAIN CFR 1,16(b))	MS · · · ·	minus 3			•	x s =		OR	x s =			
		NT CLAIM PRESEN	(Т (3	7 CFR 1,16(d))			+ \$ =		1			• •	
						L			OR	<u>+ s</u> =			
	11/	olumn 1 is less tha – LAIMS AS AM			2. 		TOTAL		] OR	TOTAL			
)/	יפוןפון	(Column 1)	*	(Column 2)	(Column 3)	•	SMALL E	ENITITY	OR		THAN		. [
7		CLAIMS		HIGHEST		١١	SWALL	141111	1	SMALL	ENTITY		
		AFTER AMENDMENT		PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE"	ADDI- :- TIONAL FEE		: :'RATE'= :	TIONAL FEE	PANANGER ( )	
	Total (37 CFR 1.16(c))	7	_Minus_	20,	=		x s		OR	x s=			
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2	FIRST PRESENT	ATION OF MULTIPL	E DEPENDE	ENT CLAIM (37 CF	R 1,16(d))		+5 =		OR	+5 =		1	-
	<u> </u>						TOTAL ADD'L FEE		OR	TOTAL		1	
		(Column 1)		(Cal 2)	4C-1 21		ADDEFEE		J CR	ADD'L FEE	L		•
۵		CLAIMS		(Column 2) HIGHEST	(Column 3)	1			1 :	[.: <u>.</u> :	; 74.2	<del> </del> :	
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<u></u>	Independent (37.CER 1,16(b)) .	· · · · · · · · · · · · · · · · · · ·	Minus		=		x s= =		OR	, x s =			
2	FIRST PRESENT	TATION OF MULTIPL	E DEPENDE	ENT CLAIM (37 CF	R 1.16(d))		+s =		OR:	+6 =		]	
						, ,	TOTAL ADD'L FEE		1	TOTAL		1	
		(Column 1)					ADDIFEE	L	J OR .	ADD'L FEE	<u></u>	1	:
_		(Column 1)		(Column 2) HIGHEST	(Column 3)	<b>]</b> -			]			<del> </del>	<b>,</b>
		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	FEE		RATE	ADDI- TIONALT - FEE		
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5 2 1 1	Independent (37 CFR 1 16(b))	•	Minus	***	=	1_1	X3 =		OR	-x-s		1	
<u>₹</u>	FIRST PRESENT	TATION OF MULTIPL	E DEPENDI	ENT CLAIM (27 CI	FR 1 16rdi)				1 .			1	
_	l					1	+ s = -TOTAL		OR	IOIAL	<del></del>	<del></del>	- :
	" If the "Highest" " If the "Highest I	column 1 is less the Number Previousl Number Previously	y Paid For y Paid For	IN THIS SPACE	is less than 20, is less than 3, e	ente	-3-		OR.	ADD L FEE		.	
is	collection of infor	nation is required	5 by 37 CF	R 1.16. The into	rmation is requ	ired	to obtain or re	lain a benefit	hy the nu	blic which is to	file (and by the	1	
М	O to process) ar	n application, Confeparing, and subm	identiality i	is governed by 35	U.S.C. 122 and	d 37	CFR 1,14, This	s collection is	estimated	to take 12 minu	les lo complete.	:	:

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on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

## BEST AVAILABLE COPY

## PATENT APPLICATION FEE DETERMINATION RECORD

57454-964

Application or Docket Number

Effective January 1, 2003

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			18					RATE	FEE	1	RATE	FEE
FOR		NUMBER FILED		NUMBER EXTRA			BASIC FEE	375.00	OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			/8 minus 20= * -					X\$ 9=		OR	X\$18=	
INC	DEPENDENT CL	AIMS	9 minus 3 = * /					X42=		OR	X84=	84
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	834
Claims as amended - Part II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL	THAN
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N N	Total	. 18	Minus	-9	2	=	H	X\$ 9=		OR	X\$18=	
AME	Independent	. 4	Minus	*** (	1	=		X42=		OR	X84=	
_	FIRST PRESE	NTATION OF MI	JETIPLE DEF	ENDENI	CLAIM		1	+140=		OR	+280=	
								TOTAL		OR	TOTAL	
		(Column 1)		(Colur	no 2)	(Column 3)	P	ADDIT. FEE			ADDIT. FEE	
		CLAIMS		HIGH		(Column 3)	1 г		ADDI-	1		ADD!
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID	OUSLY -	PRESENT EXTRA		RATE	TIONAL		RATE	ADDI- TIONAL FEE
₩ Q	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=	<b>!</b>	X42=		OR	X84=	
Ľ	FIRST PRESE	NTATION OF ML	JLTIPLE DEP	PENDENT	CLAIM		<b>!</b>	+140=	·	OR	+280=	
							L	TOTAL		OB	TOTAL	
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		(Column 1)	[20] [2	(Colur		(Column 3)	۱ _					
NTC		CLAIMS REMAINING AFTER AMENDMENT		NUMI PREVIO	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**				X\$ 9=	- '	OR	X\$18=	1 5 5
MEN	Independent	*	Minus	***		=	1					
Ā	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	ENDENT	CLAIM		1 L	X42=		OR	X84=	
				<u> </u>			•	+140=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  OR  TOTAL ADDIT. FEE												
"""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												